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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

| NEW &        | Under Paperwork Reduction Act of 1995, no persons TRAUTION FOR EXTENSION OF T   |   |  | Docket Number (<br>16715CPA |                 |  |  |
|--------------|---|---|--|-----------------------------|-----------------|--|--|
|              |   | In re Application of William J. Rea, MD | , et al.                                 |                             | aug             |  |  |
|              |   | Application Number 08/902,692           |  | Filed 7/30/9                | 97              |  |  |
|              |   |   | mphatic Factor For Monphocyte Parameters | odification                 |                 |  |  |
|              |   | Group Art Unit<br>1644                  |  | Examiner<br>Schwardon, R.   |                 |  |  |
| -            | This is a request under the provisions of reply in the above identified application.  | 37 CFR 1.136(a) to                      | extend the period for                    | filing a                    |                 |  |  |
|              | The requested extension and appropriate (check time period desired):  | e non-small-entity fee                  | e are as follows                         |                             |                 |  |  |
|              | x One month (37 CFR 1.17(a)   | (1))                                    |  | \$.                         | 110             |  |  |
|              | Two months (37 CFR 1.17(a   | )(2))                                   |  | \$.                         |                 |  |  |
|              | Three months (37 CFR 1.17   |   | \$ <u>.</u>                              |                             |                 |  |  |
|              | Four months (37 CFR 1.17(a  |   | Ф.<br>2                                  |                             |                 |  |  |
|              | Five months (37 CFR 1.17(a  |   |  | Ψ.                          |                 |  |  |
|              | Applicant claims small entity status above is reduced by one-half, and  | the resulting fee is: \$                |  | mount shown                 |                 |  |  |
|              | A check in the amount of the fee is   |   |  | 描                           | -1-1            |  |  |
|              | Payment by credit card. Form PTC  The Commissioner has already be   |   | arge fees in this                        | 운                           | <u>,</u> ב      |  |  |
|              | application to a Deposit Account.   | SE SE                                   |  |                             |                 |  |  |
|              | The Commissioner is hereby author or credit any overpayment, to Deport I have enclosed a duplicate copy of  |   | may be required, $\Xi$ 2 $\Xi$           |                             |                 |  |  |
|              | I am the applicant/inventor   |   |  | 600                         | <b>VII</b> 2001 |  |  |
|              |   | ' CFR 3.73(b) is encl                   | 37 CFR 3.71.<br>osed. (Form PTO/SE       | 7290).<br>1/96).            | Ü               |  |  |
|              | x attorney or agent of reco   |   |  |                             |                 |  |  |
|              | Registration number if a  | cting under 37 CFR 1.34                 | (a)                                      |                             |                 |  |  |
|              | WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.                      |   |  |                             |                 |  |  |
|              | 08/14/2001  |   | Jodd Tall                                | Jonas                       |                 |  |  |
|              | Date  |   | Signat                                   | ure                         |                 |  |  |
| 06/17/2001 F | FRMAEIA 00000030 08902692   |   |  | Albanesi                    |                 |  |  |
| 01 70:215    | 55.00 OP  |   | ••                                       | or printed name             |                 |  |  |
|              | NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |   |  |                             |                 |  |  |
|              | X Total of 1 forms are submitted  | <u> </u>                                |  |                             |                 |  |  |